PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This appropriate. All further cindicated unless correcte	form should be used	for tran	smitting the ISSI Patent, advance o	UE FEE and PUBLIC rders and notification	ATION of mai	N FEE (if requirements of the second	ired). F	Blocks 1 through 5 si	nould be completed where correspondence address as rate "FEE ADDRESS" for	
maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						A certificate of	mailing	can only be used fo	r domestic mailings of the or any other accompanying nt or formal drawing, must	
500	7590 01/30	0/2007			have its	s own certificate	of mai	ling or transmission.	.	
SEED INTELLECTUAL PROPERTY LAW GROUP PLLC 701 FIFTH AVE SUITE 5400						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
SEATTLE, WA 98104					**VIA EFS FILING***				(Depositor's name)	
						(Signature)				
						(Date)				
APPLICATION NO.	APPLICATION NO. FILING DATE			FIRST NAMED INVENT	RST NAMED INVENTOR			RNEY DOCKET NO.	CONFIRMATION NO.	
09/232,880 01/15/1999				JIANGCHUN XU 210121.428C6				210121.428C6	8285	
TITLE OF INVENTION:	COMPOUNDS FOR I	MMUN	ODIAGNOSIS O	F PROSTATE CANCI	ER AN	D METHODS F	OR TH	IEIR USE		
APPLN. TYPE	SMALL ENTITY IS		SUE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FI		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$1400	\$300		\$0		\$1700	04/30/2007	
EXAMINER		ART UNIT		CLASS-SUBCLASS						
HARRIS, ALANA M		1643		435-091200						
1. Change of correspondence address or indication of "Fee Address" (3 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE REDITED OF				(1) the names of up or agents OR, altern (2) the name of a si registered attorney 2 registered patent listed, no name will	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been fil recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Corixa Corporation Hamilton, Montana									cument has been filed for	
COLLXA COLP	Hamilton, Montana									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🎞 Corporation or other private group entity 🚨 Government										
4a. The following fee(s) at XX Issue Fee XX Publication Fee (No XX Advance Order - #	small entity discount p	☐ A check is enclose☐ Payment by credit ☐ A Check is enclose☐ Payment by credit ☐ The Director is her	ayment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 191090 (enclose an extra copy of this form).							
5. Change in Entity State a. Applicant claims	SMALL ENTITY statu	s. See 3	7 CFR 1.27.	☐ b. Applicant is no		_				
NOTE: The Issue Fee and interest as shown by the re	cords of the United Star	iired) w tes Patei	all not be accepted nt and Trademark	I from anyone other that Office.	n the a	pplicant; a regis	stered a	ttorney or agent; or the	assignee or other party in	
Authorized Signature _	Julie V	wa	th 50,	461		Date Apr	i 1 3	0, 2007		
Typed or printed nap	Jeffrey Hun	dley,	, Ph.D., P	atent Agent		Registration No	o. <u>4</u>	2,676		
This collection of informal an application. Confidentis submitting the completed this form and/or suggestio Box 1450, Alexandria, Vir Alexandria, Virginia 2231.	anty is governed by 33 application form to the ns for reducing this bur ginia 22313-1450. DO	USPTC	122 and 37 CFR D. Time will vary ould be sent to the	depending upon the in Chief Information Of	estima dividua ficer II	ted to take 12 m al case. Any con IS Patent and 1	nnutes mments Fradem	to complete, including on the amount of times of the architecture.	gathering, preparing, and e you require to complete	

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.